

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J02564

1. Entity Name
PULTZER GROVES, INC.

FILED
Apr 20, 2001 8:00 am
Secretary of State

04-20-2001 90026 009 ***150.00

Principal Place of Business
**18450 NW 144TH AVE
OKEECHOBEE FL 34972
US**

Mailing Address
**1104 PONCE DE LEON BLVD.
CORAL GABLES FL 33134-3322**

902440



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-1682110		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
YELEN, DAVID 1104 PONCE DE LEON BLVD. CORAL GABLES FL 33134				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City		FL	

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	DP ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	PULTZER, PETER	NAME	
STREET ADDRESS	18450 NW 144TH AVENUE	STREET ADDRESS	
CITY-ST-ZIP	OKEECHOBEE FL	CITY-ST-ZIP	
TITLE	STD ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	PULTZER, HILARY	NAME	
STREET ADDRESS	18450 NW 144TH AVENUE	STREET ADDRESS	
CITY-ST-ZIP	OKEECHOBEE FL	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Hilary Pultzer* 4/05/01 863-467-4627

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)